

APPLICATION FORM

Email completed form to: conference@apsad.org.au

YOUR DETAILS

Organisation or Company Name:

Company Address:

Contact Name:

Position Held:

Phone No:

Mobile No:

E-mail:

KEY SUPPORTER POSITIONS

Key Supporter Positions

Platinum	<input type="checkbox"/>	\$50,000
Gold	<input type="checkbox"/>	\$36,500
Silver	<input type="checkbox"/>	\$25,000

VIRTUAL SPONSORSHIP PACKAGES (please tick)

Virtual Booth

Commercial Rate	<input type="checkbox"/>	\$3,500
NFP / Affiliated Organisation Rate	<input type="checkbox"/>	\$2,250

Supporter Packages

On Demand Content	<input type="checkbox"/>	\$8,500
Delegate Gift	<input type="checkbox"/>	\$8,500
Daily News	<input type="checkbox"/>	\$5,000
Virtual Networking Event	<input type="checkbox"/>	\$5,000
Gamification & Prize	<input type="checkbox"/>	\$5,000
Advertisement in Handbook	<input type="checkbox"/>	\$3,500

PROMOTIONAL OPTIONS (please tick)

Banner Ad in Virtual Program	<input type="checkbox"/>	\$1,200
Pop-Up Alerts in Virtual Platform	<input type="checkbox"/>	\$1,200

Investment Total (includes GST) \$ _____

I, _____ agree to the terms and conditions listed within the prospectus

Signed _____

Date _____

A Sponsorship contract and tax invoice will be provided upon receipt of this form. Please provide a copy of your logo (as a high resolution >300dpi eps and jpeg file in colour and black and white) for use in recognising sponsorship.